

Name in Full

Certificate of Death

Gertie Cartney

Town

County

MARYLAND

Died at Hermannville St. Marys

Occupation

Date 19 02 September 13

Age 2 years

Native of Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name James Cartney

Mother's

Maiden Name

Alice Dorsey

How long sick

Cause of Primary

Bright's Disease

About four weeks

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by

DR. A. T. BUCKNER

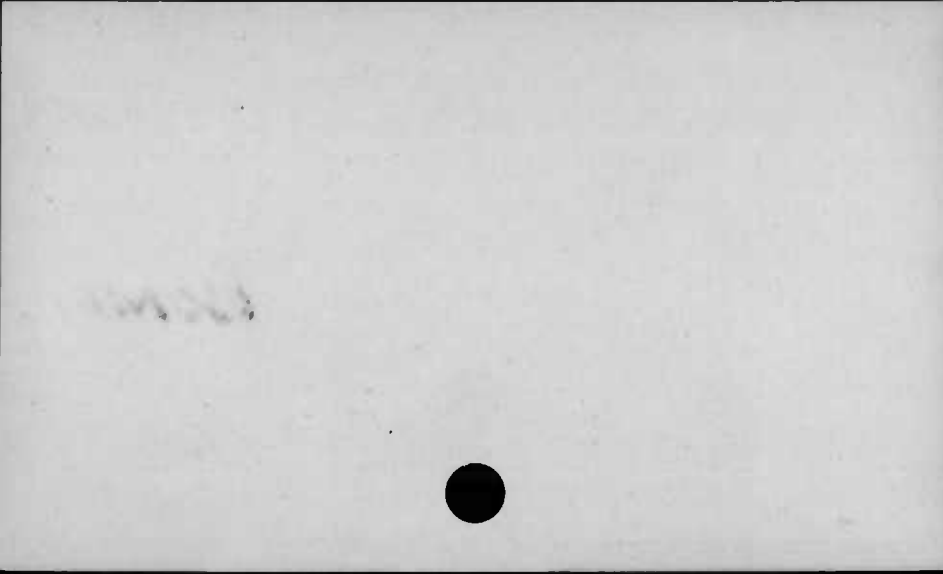
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Address

Pearson Post Office Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73662



Mary M. Herbert
 Town County

Died at *Mechanicville* *St. Mary's* MARYLAND

Date *1902* *Sept. 29th* *1* *Ind.*
 Month Day Y. M. D. Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Cholera Infantum* Immediate *Exhaustion* }
 How long sick *3 wks.*
~~Accident, Suicide, Homicide~~

Reported by *Zach. R. Morgan, M.D.*

Address *Mechanicville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jefferson Jennifer

Town

County

Died at Mechanicsville

St. Marys

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Sept. 24

Age

6 days

Maryland

none

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

John Jennifer

Mother's

Name

Gertrude Jennifer

Cause of

Primary

How long sick

Death

Immediate

of some

~~Accident, Suicide, Homicide~~

Reported by

Rev. Joseph

G. Bryant

Address

Charlotte Hall

St. Marys Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, DEPT.



Name in Full

Certificate of Death

Robert Young
 Died at Kim Springs St. Mary 5 MARYLAND
 Town County
 Date 1902 9 30 24 1 19 md none
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Prima

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

